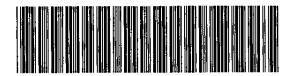
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COVER LETTER

TO: Registration Se Division of Cor		•	*
SUBJECT:	US AUTO T	OUCH LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Martin	Name of Person	***************************************
	US F	AUTO TOUCH. Firm/Company	LLC
	3601 mo	NROE ST APT	312
		City/State and Zip Code	
	martin () E-mail address: (to be used for future annual report notifi	· Com
For further information c	oncerning this matter, please ca	all:	
Hartin Name o	Barrera f Person	at (<u>954)</u> 839 - Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US AU	TO TOU	CH		20 60 77
(Name of the Limite	d Liability Company A Florida Limited Lial	as it now appears on	our records.)	33
The Articles of Organization for this Limited Lia			14116	2 M
		ere med on	7	and assigned
Florida document number L1600 00 410	1297.		טואט	D 2: 08
This amendment is submitted to amend the follo	wing:		32	, ω
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
B. If amending the registered agent and/or the new registered off		e address on ou	r records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Martin	Barrera		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	3601 mor	Enter Florida s	APT 312 treet address	-
	Hollyux	ocl	, Florida	33021
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4GR	MARTIN Barrera		□ Add
			Remove
		3601 monroe ST APT 312 Hollywood PC, 33021	Change
			Add
			Remove
			☐ Change
			
			□ Remove
			Change
			Add
			Remove
			Change
		<u> </u>	Add
		,	□ Remove
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			Add T
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	g any other information, enter change(s) here: (Attach addition	·
		
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	2 10 10	
iffective da	ate, if other than the date of filing: 3/16/16 date is listed, the date must be specific and cannot be prior to date of filing or mor	(optional)
Note: If the	date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be listed as
locument's o	effective date on the Department of State's records.	
e record :	specifies a delayed effective date, but not an effective tir	ne at 12:01 a.m. on the earlier o
	day after the record is filed.	ne, at 12.01 a.m. on the camer o
	2/1/1/2000	
Dated	3/16/16/ / 11:30 Am.	
		N2
_	Signature of a member or authorized representative o	f a member
		Diff.
_	Martin Barrera	<u> </u>
	Typed or printed name of signee	
		2 2: 08 F STATE FLORID
	Page 3 of 3	80 8

Filing Fee: \$25.00